

SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
1135 TREMONT STREET
BOSTON, MASS. 02120
NAME OF POLICE DEPT. SUBMITTING REPORT

NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
POLICE REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Date of Accident Mo Day Yr		Day of the Week S M T W T F S 1 2 3 4 5 6 7		A.M. P.M. 1 2		Hour		Did you notice any indication that an operator had been taking any medication or drugs? YES NO 1 2		Check One YES NO 1 2 (explain on reverse)		Was this Accident investigated by an Officer? If Yes, Check One Box Below 1 Registry 4 State Police 2 MDC 5 Local Police 3 Other		
VEHICLE 1	Name of Operator						Number of Vehicles Involved		Date of Birth MO DAY YR		Sex 1 M 2 F			
	Street Address City/Town State						Zip		Driver's License Number and State					
	Owners Name and Address (if same, write "same")						Registration Number and State							
	Name of Insurance Company only may be written here						Year		Make		Type		Approximate Cost to Repair \$	
VEHICLE 2	Describe Damage to Vehicle						Fire Damage 1 YES 2 NO		Parked Car 1 YES 2 NO					
	Name of Operator						Phone Zip		Date of Birth MO DAY YR		Sex 1 M 2 F			
	Street Address City/Town State						Zip		Driver's License Number and State					
	Owners Name and Address (if same, write "same")						Phone Zip		Registration Number and State					
OTHER	Name of Insurance Company only may be written here						Year		Make		Type		Approximate Cost to Repair \$	
	Describe Damage to Vehicle						Fire Damage 1 YES 2 NO		Parked Car 1 YES 2 NO					
	Describe Other Property Damage													
	Name of Property Owner						Address		1 State 2 MDC 3 Municipal					
WITNESSES	Other Witnesses or Persons Present						Address		Phone					
									Bus. Res.					
									Bus. Res.					
									Bus. Res.					
INJURED 1	Number Injured		To what hospital was injured taken?				Taken by Ambulance? 1 YES 2 NO							
	Name of Injured		Street		City/Town		State							
	Age Sex 1 2 M F		INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used		PERSON INJURED 1 Operator } In Vehicle 2 Passenger } No 3 Passenger in Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other							
	Ejected from Vehicle YES NO 1 2													
INJURED 2	Name of Injured		Street		City/Town		State							
	Age Sex 1 2 M F		INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used		PERSON INJURED 1 Operator } In Vehicle 2 Passenger } No 3 Passenger in Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other							
	Ejected from Vehicle YES NO 1 2													
INJURED 3	Name of Injured		Street		City/Town		State							
	Age Sex 1 2 M F		INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used		PERSON INJURED 1 Operator } In Vehicle 2 Passenger } No 3 Passenger in Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other							
	Ejected from Vehicle YES NO 1 2													

[illegible]



NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT

SEND BOTH SUPPLEMENTAL COPIES
ALONG WITH POLICE REPORT TO:
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114
NAME OF POLICE DEPT. SUBMITTING REPORT

WHEN TO USE THIS FORM: Answers to questions below determine use.

Did this accident involve:

1. a truck with at least 2 axles and six tires, or haz mat placard? ☐ Yes ☐ No
2. a bus with seats for more than 15 people, including driver? ☐ Yes ☐ No

STOP. If response to both questions is "No" do not fill out this form.

If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in:

3. person(s) fatally injured? ☐ Yes ☐ No How Many _____
4. injured person(s) taken away for medical attention? ☐ Yes ☐ No How Many _____
5. vehicle(s) towed from scene? ☐ Yes ☐ No How Many _____

STOP. If response to 3, 4, and 5, is "No" do not complete this form.

If response is "Yes" to 3, 4, or 5 please complete this form.

US DOT _____	State Number _____	Issuing State of State # _____	Police Dept ID _____	Interstate ____ (Y/N)	ICC MC # _____
Carrier Name _____		Source: <input type="checkbox"/> Veh. Side <input type="checkbox"/> Driver <input type="checkbox"/> Shipping Papers		Street Address _____	
City/Town _____	State _____	Zip Code _____	Accident Date ____ (MM/DD/YY)	Accident Time ____ : ____ (24 Hour Time)	
Accident Location (Number/Name of Highway/Street) _____			City/Town _____	County _____	State _____
Driver's Name (Last, First M.I.) _____		Date of Birth ____ (MM/DD/YY)	License Number _____		State _____
Vehicle Configuration <input type="checkbox"/> (1) Bus, seats 15 or more including driver <input type="checkbox"/> (2) Single-Unit truck; 2 axles, 6 tires <input type="checkbox"/> (3) Single-Unit Truck; 3 or more axles <input type="checkbox"/> (4) Truck/trailer <input type="checkbox"/> (5) Truck tractor (bobtail) <input type="checkbox"/> (6) Tractor/semi-trailer <input type="checkbox"/> (7) Tractor/doubles <input type="checkbox"/> (8) Tractor/triple <input type="checkbox"/> (9) Heavy truck, cannot classify _____					
Total Length ____ ft. Trailer width ____ 96 in. ____ 102 in. <input type="checkbox"/> Other ____ in. Trailer length ____ 28 ft. ____ 45 ft. ____ 48 ft. <input type="checkbox"/> Other ____ ft.					
Cargo Body Type <input type="checkbox"/> (1) Bus, seats 15 or more including driver <input type="checkbox"/> (2) Van/enclosed box <input type="checkbox"/> (3) Cargo Tank <input type="checkbox"/> (4) Flatbed <input type="checkbox"/> (5) Dump <input type="checkbox"/> (6) Concrete mixer <input type="checkbox"/> (7) Auto transporter <input type="checkbox"/> (8) Garbage/refuse <input type="checkbox"/> (9) (i.e. multiple body types) _____					
Number of axles ____ (Including Trailers)		Gross Vehicle Wt. Rating _____	VIN # _____	Vehicle Registration # _____	
State ____	Haz Mat Placard? ____ (Y/N)	Haz Mat Release of Cargo? ____ (Y/N) (Don't count fuel from tank)		Haz Mat Name _____	
Haz Mat 4-Digit Number _____		Haz Mat 1-Digit Number _____		Federally Reportable? ____ (Y/N)	
CDL Class/Endorsement ____ / _____		Commercial Vehicle Driving Experience ____ Years ____ Months		Driver Type (Check one) <input type="checkbox"/> Owner-Oper. <input type="checkbox"/> Leased Oper. <input type="checkbox"/> Empl. Driver	
Sequence of Events (for this vehicle) MARK IN SEQUENCE: 1, 2, 3, OR 4 <input type="checkbox"/> Ran off Road <input type="checkbox"/> Jackknife <input type="checkbox"/> Overturn <input type="checkbox"/> Down-hill runaway <input type="checkbox"/> Cargo loss or shift <input type="checkbox"/> Explosion or fire <input type="checkbox"/> Separation of units <input type="checkbox"/> Collision/pedestrian <input type="checkbox"/> Collision/motor vehicle in transport <input type="checkbox"/> Collision/train <input type="checkbox"/> Collision/parked motor vehicle <input type="checkbox"/> Collision/pedalcycle <input type="checkbox"/> Collision/animal <input type="checkbox"/> Collision/fixed object <input type="checkbox"/> Collision/other object <input type="checkbox"/> Other _____					

**** IN ADDITION YOU MUST CONTINUE TO SUBMIT POLICE ACCIDENT REPORT FORM E-65 TO THE REGISTRY OF MOTOR VEHICLES****